

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Maricopa  
District of \_\_\_\_\_  
Town of Mesa City  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 442  
County Registrar No. 169  
Local Registrar No. \_\_\_\_\_

2. Full name of child Billie Pearl Lofgreen  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
3. Sex of Child Female 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth April 24, 1929  
Month day year

8. FATHER  
Full name Carlos Benjamin Lofgreen  
9. Residence (Usual place of abode) Arbor St. Cuber Add.,  
If nonresident, give place and state Mesa  
10. Color or race White  
11. Age at last birthday 24 (Years)  
12. Birthplace (city or place) Mesa  
(State or country) Ariz.  
13. Occupation Bridge Construction foreman  
Nature of Industry \_\_\_\_\_

14. MOTHER  
Full maiden name La Verne Randall  
15. Residence (Usual place of abode) Arbor At. Cuber Add.,  
If nonresident, give place and state Mesa  
16. Color or race White  
17. Age at last birthday 21 (Years)  
18. Birthplace (city or place) Pine  
(State or country) Ariz.  
19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8:15 A on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Given name added from supplemental report \_\_\_\_\_

Month, day, year. \_\_\_\_\_

Registrar. \_\_\_\_\_

Filed \_\_\_\_\_

County Registrar. \_\_\_\_\_

Local Registrar. \_\_\_\_\_

235-424-393